DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

the specification of which: (check one)

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Multi-Purpose Reagent System and Method for Enumeration of Red Blood Cells, White Blood Cells and Thrombocytes and Differential Determination of White Blood Cells

op		
X_is attached hereto.		
was filed on under Attorney's Docket Number as Application Serial No. and was amended on	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR 1.56.

I hereby claim the benefit of foreign priority under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application the priority of which is claimed:

Prior Foreign Application(s): Priority Claimed
Number Country Filing Date Yes No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) listed below

Application Number

Filing Date

I hereby claim the benefit of United States priority under 35 USC 120 of any United States application(s) or 365(c) of any PCT international applications designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information material to the patentability of this application as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application: U.S. Parent Application or PCT Parent (Filing Date)

Parent Patent Number

Number

SERIAL NO. 09/405.547

09/24/99

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Martin Fleit Reg. No. 16,900 Robert C. Kain Reg. No. 30,648 Jon A. Gibbons Reg. No. 37,333 Reg. No. 40,917 Stephen C. Bongini Jose Gutman Reg. No. 35,171

Send correspondence to MARTIN FLEIT, Fleit, Kain, Gibbons, Gutman & Bongini, P.L., 520 Brickell Key Drive, Miami, Florida 33131, and direct all telephone calls to MARTIN FLEIT at (305) 536-9020.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: HAROLD RICHARDSON CREWS

INVENTOR'S SIGNATURE

DATE: OILING

RESIDENCE: CORAL SPRINGS, FLORIDA

CITIZENSHIP: US

POST OFFICE ADDRESS: 12640 MAGNOLIA COURT, CORAL SPRINGS, FL 33071

FULL NAME OF INVENTOR: JAMES HARRISON CARTER II		
INVENTOR'S SIGNATURE: DATE: Jan. 18, 2001		
RESIDENCE: PLANTATION, FLORIDA		
CITIZENSHIP: US		
POST OFFICE ADDRESS: 12221 SOUTHWEST TARA DR., PLANTATION, FL 33325		
FULL NAME OF INVENTOR: MICHAEL NORMAN ELLIOT		
INVENTOR'S SIGNATURE: Michael Clast DATE: Jan 18, 2001		
RESIDENCE: FORT LAUDERDALE, FLORIDA		
CITIZENSHIP: UK		
POST OFFICE ADDRESS: 11330 SOUTHWEST 49 TH PLACE FORT LAUDERDALE		

FLORIDA 33330